POLICY TITLE:	ADOPTION OF CLINICAL PRACTICE GUIDELINES AND EVIDENCE BASED PRACTICES	POLICY #5.15	REVIEW DATES	
Topic Area:	**UTILIZATION MANAGEMENT**		5/9/2022	6/16/22
Applies to:	Lakeshore Regional Entity, Member CMHSPs, Network Providers	**ISSUED BY:** Chief Executive Officer	5/8/2023	
		APPROVED BY: Board of Directors		
Developed and Maintained by:	CEO and Designee			
Supersedes:	**N/A**	**Effective Date:** August 20, 2020	**Revised Date:** 6/16/2022	

I. PURPOSE

CPGs assist clinicians by providing an analytic framework for the evaluation and treatment of individuals and populations receiving services. CPG's organize and codify the body of knowledge, skills and information that make up the clinical practice of specialty mental health services and support and the provision of substance use disorder services.

II. POLICY

Lakeshore Regional Entity (LRE) adopts and promulgates Clinical Practice guidelines (CPGs) for the provision of acute and long-term care services that are relevant to the targeted populations served by the Michigan Medicaid Managed Specialty Supports and Services Programs. CPGs will be promulgated by the LRE for individuals and families served by the Member CMHSPs and contracted providers, including those receiving substance use disorder services. CPGs and assessment tools will include those attachments to the contract between the Michigan Department of Health and Human Services (MDHHS) and the LRE, and will be adopted or developed by the LRE based on the requirement outlined in the Balanced Budget Act, assuring that CPGs "are based on valid and reliable clinical evidence or a consensus of health care professional in the particular field, consider the needs of the enrollees, are adopted in consultation with contracting health care professionals, and are reviewed and updated periodically as appropriate." CPGs will be used to inform the person-centered planning process and will not result in setting caps for specific services.

LRE supports and requires the use of nationally accepted and mutually agreed upon clinical practice guidelines including EBPs to ensure the use of research-validated methods for the best possible outcomes for service recipients as well as best value in the purchase of services and supports. Practice guidelines include clinical standards, evidence-based practices, practice-based evidence, best practices, and promising practices that are relevant to the individuals served.

While LRE does support the use of promising and emerging practices, interventions that are considered experimental or indicate risk of harm to human subjects are not supported within the Prepaid Inpatient Health Plan (PIHP) region unless approved in accordance with LRE's Research Policy and by the MDHHS.

A. The LRE adopts CPG's from nationally recognized sources and scientific bodies including professional organization (e.g., American Psychiatric Association) based on:
    1. Scientific evidence;
    2. Best practice professional standards; and
    3. Expert input from board-certified physicians.
B. Input will be gathered from a representative cross-section of member CMHSPs, consumer organizations, network providers and community partners, especially when required by contract or regulation.
C. To establish the LRE's policy and procedures for developing, adopting, revising, disseminating, and monitoring treatment guidelines, CPGs are made available to:
    1. Assist practitioners and members to make decisions about appropriate health care for specific clinical circumstances;
    2. Help to ensure the highest quality care for consumers through use of acceptable standards of care;
    3. Reduce undesirable variance in diagnosis and treatment by ensuring utilization of established CPGs; and
    4. Provide the provider network with widely accepted established care guidelines to improve treatment efficacy.
D. The LRE will assure that CPGs will not be utilized in the following ways:
    1. As an arbitrary methodology for determining the amount, scope, and duration of services implemented outside of a person-centered planning process.
    2. As a means for achieving budget reductions.
    3. As a process which supplants use of medical necessity criteria for evaluating the need for services.
E. As a part of any assessment, screening tool, or CPGs, the LRE will assure that individuals are provided proper notice of their rights if they are not satisfied with the outcome of their person-centered planning process. This will include providing individuals with dispute resolution options and required notices when they disagree with the developed plan of service.
F. Monitoring and Evaluation
    1. Oversight of practice guidelines and EBPs will be provided by the responsible contractor and will be reviewed as part of the LRE site review and monitoring process.
    2. Contractors must report to LRE any practices being used to support and/or provide clinical interventions for/with individuals.
    3. Evidence-based practices will be monitored, tracked, and reported, including summary information provided to LRE through the annual assessment of Network Adequacy.

4. Requisite staff training, supervision/coaching, certifications and/or credentials for specific clinical practices as needed will be required, verified, and sustained as part of the credentialing, privileging and/or contracting processes.
5. Fidelity reviews shall be conducted and reviewed as part of local quality improvement programs or as required by MDHHS

III. APPLICABILITY AND RESPONSIBILITY

The policy applies to all staff of the LRE, providers contracting directly with the LRE, and member CMHSPs as a part of their contract with their LRE. It applies additionally to Network Providers when provider network functions are delegated to the CMHSPs.

IV. MONITORING AND REVIEW

A. This policy will be reviewed annually by the LRE UM ROAT and the LRE Executive Operations Committee.

B. The LRE reviews and/or updates CPGs a minimum of every two years through the LRE UM Clinical Steering Committee, or more often if CPGs are updated. The LRE consults with CMHSPs and/or network providers at a minimum of every two years to review and update the CPGs.

C. Relevant new guidelines can be reviewed, adopted, and approved at any time through the regional Operations Committee and LRE UM Clinical Steering Committee.

V. DEFINITIONS

Clinical Practice Guideline (CPGs):Systematically developed tools that help practitioners make decisions about appropriate care in specific clinical populations and individual treatment services.

Evidence-Based Practice: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient

Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

VI. REFERENCES/LEGAL AUTHRITY

A. Federal Balanced Budget Act 42 CFR 438.236(b, c, d)
B. MDHHS Medicaid Managed Specialty Services and Supports Contract
C. Medicaid Provider Manual
D. Health Services Advisory Group, Inc. – Standard 3 Practice Guideline

VII. RELATED POLICIES AND PROCEDURES

A. LRE Policy 5.0 – Utilization Management
B. LRE Policy 5.1 – Person-Centered Planning
C. LRE Operational Procedure 5.15A – Adopting Clinical Practice Guidelines

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
8/20/2021	New Policy	UM Clinical Steering Committee
10/1/2021	Annual Review	UM Clinical Steering Committee
6/16/2022	Annual Review	CEO and Designee
5/8/2023	Annual Review	CEO and Designee